

Claim Submission Information*

A companion resource to the Dean Health Plan Non-Contracted Provider Guide

Claim submission information can vary by Dean Health Plan product and/or region. Electronic claim submission is preferred. If electronic claim submission is not an option, refer to the grid below.

Benefit Plan	Mailing Address
Dean Health Plan Commercial and Affordable Care Act (ACA) Individual plans	Dean Health Plan ATTN: Claims PO Box 56099 Madison, WI 53705
Dean Medicare Advantage	Dean Health Plan – MAPD Claims PO Box 853937 Richardson, TX 75085-3937
DeanCare Gold Cost	Dean Health Plan ATTN: Claims PO Box 56099 Madison, WI 53705
Dean Select	Dean Health Plan ATTN: Claims PO Box 56099 Madison, WI 53705
WellFirst Health SSM Health Employee Health Plan Administrative Services Only (ASO)	WellFirst Health ATTN: Claims PO Box 56099 Madison, WI 53705
Dean BadgerCare Plus	Dean Health Plan ATTN: Claims PO Box 56099 Madison, WI 53705
Dean Administrative Services Only (ASO)	Claim submission information varies by employer group and benefit plans. Please contact the customer service number listed on the back of the member's ID card.

*** Contracted providers should submit claims electronically through 837 Health Care Claim transactions or our free EDI claim submission alternative.**